

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A
PAYMENT ISSUE DATE: 2/27/2017

ALAMEDA COUNTY TREASURER

1221 OAK STREET

OAKLAND CA

94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	3,997,542.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,997,542.72
YTD Amount:	\$	25,508,832.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A
PAYMENT ISSUE DATE: 2/27/2017

ALPINE COUNTY TREASURER

PO BOX 217

MARKLEEVILLE CA

96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	11,061.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	11,061.44
YTD Amount:	\$	78,510.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A
PAYMENT ISSUE DATE: 2/27/2017

AMADOR COUNTY TREASURER

810 COURT STREET

JACKSON CA

95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	150,118.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	150,118.03
YTD Amount:	\$	978,342.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A
PAYMENT ISSUE DATE: 2/27/2017

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	867,210.09
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	867,210.09
YTD Amount:	\$	5,504,946.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	138,163.65
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	138,163.65
YTD Amount:	\$	881,259.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	103,343.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	103,343.25
YTD Amount:	\$	661,008.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ CA

94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	1,127,523.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,127,523.80
YTD Amount:	\$	5,700,583.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	134,945.33
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	134,945.33
YTD Amount:	\$	860,345.14

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EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA

95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	484,935.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	484,935.10
YTD Amount:	\$	3,095,938.72

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A
PAYMENT ISSUE DATE: 2/27/2017

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	2,465,549.17
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,465,549.17
YTD Amount:	\$	15,583,196.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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PAYMENT ISSUE DATE: 2/27/2017

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	126,629.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	126,629.61
YTD Amount:	\$	807,604.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	790,009.38
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	790,009.38
YTD Amount:	\$	5,050,875.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	825,742.70
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	825,742.70
YTD Amount:	\$	5,254,397.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA

93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	169,899.88
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	169,899.88
YTD Amount:	\$	1,084,207.71

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	1,310,345.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,310,345.19
YTD Amount:	\$	7,388,882.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	441,170.75
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	441,170.75
YTD Amount:	\$	2,798,257.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A
PAYMENT ISSUE DATE: 2/27/2017

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	212,123.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	212,123.41
YTD Amount:	\$	1,341,031.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	151,660.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	151,660.07
YTD Amount:	\$	964,982.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	31,783,924.13
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	31,783,924.13
YTD Amount:	\$	225,879,410.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	430,072.16
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	430,072.16
YTD Amount:	\$	2,724,751.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	918,873.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	918,873.44
YTD Amount:	\$	5,884,741.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA

95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	75,570.65
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	75,570.65
YTD Amount:	\$	481,668.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	292,196.38
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	292,196.38
YTD Amount:	\$	1,850,859.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	559,580.54
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	559,580.54
YTD Amount:	\$	3,650,596.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	84,341.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	84,341.28
YTD Amount:	\$	537,099.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A
PAYMENT ISSUE DATE: 2/27/2017

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA

93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	124,944.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	124,944.36
YTD Amount:	\$	874,391.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	817,215.92
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	817,215.92
YTD Amount:	\$	5,818,334.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

NAPA COUNTY TREASURER

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	404,902.12
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	404,902.12
YTD Amount:	\$	2,585,200.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA

95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	264,697.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	264,697.28
YTD Amount:	\$	1,685,906.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	3,957,595.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,957,595.66
YTD Amount:	\$	24,453,714.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A
PAYMENT ISSUE DATE: 2/27/2017

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	191,052.22
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	191,052.22
YTD Amount:	\$	1,176,220.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	103,034.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	103,034.50
YTD Amount:	\$	658,310.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	2,571,106.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,571,106.36
YTD Amount:	\$	14,424,005.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	1,630,410.60
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,630,410.60
YTD Amount:	\$	9,952,951.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	161,382.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	161,382.32
YTD Amount:	\$	1,030,620.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	3,500,615.12
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,500,615.12
YTD Amount:	\$	20,957,228.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO 95798 0304

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	4,783,097.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,783,097.95
YTD Amount:	\$	29,340,888.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	6,061,900.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	6,061,900.10
YTD Amount:	\$	43,162,427.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	1,378,404.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,378,404.11
YTD Amount:	\$	9,772,123.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO CA

93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	369,406.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	369,406.28
YTD Amount:	\$	2,317,977.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A
PAYMENT ISSUE DATE: 2/27/2017

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	780,620.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	780,620.80
YTD Amount:	\$	3,941,628.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA CA

93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	414,609.26
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	414,609.26
YTD Amount:	\$	2,546,179.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	3,384,703.93
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,384,703.93
YTD Amount:	\$	24,097,362.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ CA

95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	440,023.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	440,023.47
YTD Amount:	\$	2,767,262.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A
PAYMENT ISSUE DATE: 2/27/2017

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	726,215.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	726,215.66
YTD Amount:	\$	4,608,343.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A
PAYMENT ISSUE DATE: 2/27/2017

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA

95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	29,586.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	29,586.00
YTD Amount:	\$	187,805.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	211,852.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	211,852.95
YTD Amount:	\$	1,350,366.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	1,099,089.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,099,089.77
YTD Amount:	\$	6,956,161.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A
PAYMENT ISSUE DATE: 2/27/2017

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	1,593,352.74
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,593,352.74
YTD Amount:	\$	10,151,782.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	557,600.20
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	557,600.20
YTD Amount:	\$	3,407,884.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA

95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	393,004.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	393,004.07
YTD Amount:	\$	2,513,959.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA

96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	273,691.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	273,691.80
YTD Amount:	\$	1,747,467.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A
PAYMENT ISSUE DATE: 2/27/2017

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA

96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	131,112.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	131,112.43
YTD Amount:	\$	833,789.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

TULARE COUNTY TREASURER

COUNTY CIVIC CENTER RM 103E

221 SOUTH MOONEY BL

VISALIA CA 93291

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	984,340.70
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	984,340.70
YTD Amount:	\$	5,747,881.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A
PAYMENT ISSUE DATE: 2/27/2017

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	213,345.17
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	213,345.17
YTD Amount:	\$	1,362,936.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	737,566.74
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	737,566.74
YTD Amount:	\$	3,711,107.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A
PAYMENT ISSUE DATE: 2/27/2017

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	179,730.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	179,730.62
YTD Amount:	\$	1,101,064.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	335,080.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	335,080.90
YTD Amount:	\$	2,123,746.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

BERKELEY CITY TREASURER

2081 CENTER STREET

BERKELEY CA

94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	120,017.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	120,017.00
YTD Amount:	\$	853,805.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA

90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	544,504.91
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	544,504.91
YTD Amount:	\$	3,873,709.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600291A

PAYMENT ISSUE DATE: 2/27/2017

PASADENA CITY TREASURER

PO BOX 7115

PASADENA CA

91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 1/16/2017 TO: 2/15/2017

Total amount collected: \$87,304,871.30

Gross monthly apportionment: \$87,304,871.30

Gross Claim	\$	182,525.13
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	182,525.13
YTD Amount:	\$	1,298,408.30